Office

Use

Only

FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
2015 HAY -5 PM 2: 24

			201011A1 0 111 2- 24
FEC FORM 1	STATEME! ORGANIZA		Office Use Only
NAME OF COMMITTEE (in full)	(Check if name X is changed)	Example:If typing, type over the lines.	12FE4M5
(A is changed,		
Ci _l tizens _i S _i u _i	p _i e _i r _i P _i a _i c _i if _i o _i r	America	(ESPAC)
		1	
ADDRESS (number and street)	3,175, S, H o o, ver	St 317151 1 1	
(Check if address is changed)		<u> </u>	
io diangos)	Los Angleles		C A 90007 - ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	- ESS		
(Check if address is changed)	sıi didii iqminim	n iın@ıy ialhıo o icio	<u>ım </u>
	Optional Second E-Mail Ad	dress	<u> </u>
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	www.citlizle	nısısıuıpıeırıpıa ç	.jojr jg
· 첫 - 사항	WWINCSPAC.	<u>.U.S </u>	
2. DATE 0 4 1	7 2015		
3. FEC IDENTIFICATION N	umber ▶ C 0	0496927	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	Siddiq Mumin		
Signature of Treasurer	Six 1	N.	Date 04 17 2015
NOTE: Submission of false, error	neous, or incomplete Information	may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

FEC Form 1 (Revise	d 02/2009)		Page 2	
TYPE OF COMMITTEE				
Candidate Committe	æ:			
(a) This comm	ittee is a principal campaign co	ommittee. (Complete the candidate	information below.)	
(b) This comm information		e, and is NOT a principal campaigr	n committee. (Complete the candidate	
Name of Candidate				
Candidate Party Affiliation	Office Sought:	. House Senate	State President District	
(c) This comm	nittee supports/opposes only on	e candidate, and is NOT an authori	ized committee.	
Name of Candidate				
Party Committee:				
(d) This comm		National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party	
Political Action Com	ımittee (PAC):			
(e) This comm	nittee is a separate segregated	fund. (Identify connected organization	on on line 6.) Its connected organization is	
· · · Co	orporation	Corporation w/o Capital S	tock Labor Organization	
Me	embership Organization	Trade Association	Cooperative	
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) X: This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
In a	addition, this committee is a Lobb	byist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:				
(g) This committees	ittee collects contributions, pays s/organizations, at least one of w	fundraising expenses and disburses hich is an authorized committee of a	net proceeds for two or more political federal candidate.	
(h) This committees	ttee collects contributions, pays forganizations, none of which is	fundraising expenses and disburses an authorized committee of a federa	net proceeds for two or more political Il candidate.	
Committees Par	rticipating in Joint Fundraise	Br		
1.	- 		number C	
2.			number C	
3.			number C	
			<u> </u>	

FEC Form 1 (Revi	sed 02/2009)		Page 3
Write or Type Committee I	Name		
6. Name of Any Connect	led Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Le	adership PAC Sponsor
Mailing Address			
J			1 1 1 1 1 1 1 1 1
			
graph and a second	CITY	STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
7. Custodian of Records books and records.	: Identify by name, address (phone number optional)	and position of the person	in possession of committee
Full Name Si	<u>ddig: Mumin:</u>		<u> </u>
Mailing Address	[3,1,7,5, ,S, ,H, o, o, v, e, r, ,s,t,	3,7,5	
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Title or Position	CITY	STATE	ZIP CODE
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			·
	ne and address (phone number optional) of the treasu e.g., assistant treasurer).	irer of the committee; and	the name and address of
Full Name of Treasurer S i i	ıdıdıqı ıMıuımıi nııııııııı		
Mailing Address	3,175 S H100 ver S t 1	3.7.15	1 1 1 1 1 1 1 1 1
			11111111
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Title or Position	CITY	STATE	ZIP CODE
Tireas uir e r	Tolon	phone number 3:1:0	- 4,2,2 - 7,7,9,1

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated	·	
Agent		
Mailing Address		
	CITY	ATE ZIP CODE
Title or Position		
	Telephone number	
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